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Approved for use through 7/31/2005
U.S. Patient and Trademeric Office; U.S. DEPARTMENT Under the Paperwork Reduction Act of 1995, no persons are required to respon to a collection of information unters a displaye a valid ONE control number. PATENT APPLICATION FEE DETERMINATION RECORD Application of Doctret Numb Substitute for Form PTO-875 CLAIMS AS FILED - PART I OTHER THAN OR (Cotumn 1) (Cotuma 2) SMALL ENTITY SMALL ENTITY MUNISER FILED ANIMBER EXTRA RATE FEE RATE BASIC FEE (37 CFR 1.16(a)) **OR** TOTAL CLAIMS (37 CFR 1.18(e)) minus 20 • OR UIDEPENDENT CLAIMS (37 CFR 1.16(b)) OR MULTIPLE DEPONDENT CLAIM PRESENT (37 CFR 1.16(6)) OR If the difference in column 1 is tess than zero, enter "O" in column 2. TOTAL TOTAL CLAIMS AS AMENDED - PART II OTHER THAN SMALL ENTITY OR (Column 1) (Column 2) (Cotumn 3) SMALL ENTITY HIGHEST NUMBER CLARKS REMAINING PRESENT RATE ADDI-TIONAL RATE ADDI-TIONAL AMENDMENT AFTER PREVIOUSLY **EXTRA** AMENDMENT PAID FOR FEE FEE Total OF CFR 1,18(1) 34 x S OR CO. CLE 17600 X 8 OR FIRST PRESENTATION OF MALTIPLE DEPONDENT CLAIM (37 CFR 1.15(q)) . OR TOTAL TOTAL ADO'L FEE OR ADO'L FEE 23-05 (Column 1) (Column 2) (Column 3) HIGHEST CLAIMS Ø PRESENT NUMBER PREVIOUSLY ADOI-TIONAL REMAINING RATE RATE ADD1 NDMENT **AFTER** AMENDALENT PAID FOR FEE FEE Total OF CFR LINGS \mathcal{Z} 3 *4*0 OR (of CFR LHQL) 2 AME OR X 1 FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (\$17 CFR 1.18(4)) OR TOTAL ADD'L FEE OR ADD'L FEE (Cotumn 2) (Column 3) CLAIMS REMAINING HIGHEST NUMBER O RATE ADDI-RATE ADOI-PREVIOUSLY PAID FOR AFTER **EXTRA** TIONAL TIONAL MENDMENT FEE Ź Total p2 cfit 1.18(x) 2 2 . OR (IF CFR 1.16(b)) OR FIRST PRESENTATION OF MALTIPLE DEPONDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL ADD'L FEE ADD'L FEE

If the entry in column 1 is less than the entry in column 2, write "O" in column 3.

 If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

 If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

This "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

This solication of information is required by 37 CFR 1.16. The tribornation is required to obtain or retain a benefit by the public which is to tile (and by the USP1O to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete his including gisthering, preparing, and submitting the completed application form to the USP1O. The will very depending upon the includual case. Any comments in the amount of time you require to complete this form and/or suggestions for reducing this bussen, should be earth to the Chief Information Officer, U.S. Peternt and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450.

DONOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Compress slower for Petents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, cell 1-800-PTO-9199 and safect option 2.

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